

**Resident Information:**

Name: \_\_\_\_\_

Last	First	MI
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Address: \_\_\_\_\_

Number	Street	
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City, State Zip: \_\_\_\_\_

City/Town	State	Zip
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Mailing Address (if different): \_\_\_\_\_

Number	Street	
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City/Town	State	Zip
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This is to certify that \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_

- BOS Staff Verifying Certification Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Print Name and Title: \_\_\_\_\_

Based on the certification From the Assessor's Office, your application is

☐ **Approved:** Please bring this completed application to the Collector's Office at the time you obtain your car sticker for access to the Disposal and Recycling Center. (You will still need to purchase bags for disposal of trash at the center).

☐ **Denied:** Please pay your fee in order to receive a car sticker for access to the Disposal and Recycling Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_